

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: _____		2 Serial/Patent # <u>10/518960</u>																																																			
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 60%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 10%;">6 AMOUNT</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td align="center"><u>1</u></td><td align="center"><u>12/20/04</u></td><td align="right">\$ <u>100</u></td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td align="right">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td align="right">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td align="right">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td align="right">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td align="right">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td align="right">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td align="right">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td align="right">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<input type="checkbox"/>	Amendment	<u>1</u>	<u>12/20/04</u>	\$ <u>100</u>	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; text-align: right; font-size: 1.2em;">\$ 100</div>		
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10 REASON: <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"><input checked="" type="checkbox"/></td><td style="width: 60%;">Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Treasury Check  <input checked="" type="checkbox"/> Credit Deposit A/C #:  <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">9</span> <div style="display: flex; flex-direction: row-reverse; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">2</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">--</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">8</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 0 2px;">8</div> </div> </div> </div>																																													
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11 REFUND REQUESTED BY: _____																																																					
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>																																																			
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>																																																			
OFFICE: <u>PT</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: _____		DATE: _____																																																			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**